MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01785

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417-69th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 417-69th Place

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Harry (Last) Amos
4. DATE OF DEATH (Month) 2 (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 29, 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coming Boat
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rome Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Cooper Amos
14. MOTHER'S MAIDEN NAME Lydia Broomfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bernice Amos

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 2-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/17/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Feb. 15-50
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St S.E.

612[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 17 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01786

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince-Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dalt Rive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 734 Park Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Barber

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-12-20

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Dept of Agri

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Barber

14. MOTHER'S MAIDEN NAME: Ella E. Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) U.S. World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT: Alberta Barber Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

819.5 **Immediate cause** (a) Hemorrhage & shock

170 c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of skull

(c) Automobile collision with telephone pole

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street — (CITY OR TOWN) Bladensburg — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-22-50 3:45 A m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Automobile collided with telephone pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D Dep. Med. Exam. Cheverly-Hyattsville, Md 2-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 2-22-50 — NAME OF CEMETERY OR CREMATORY: Melvan & Schey Funeral Home — LOCATION (City, town, or county) (State): 424 R St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 2-22-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Melvan and Schey — ADDRESS: 424 R St. N.W. Wash. D.C.

602 9

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01787

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE — LENGTH OF STAY (in this place) 8 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 100030 WASH BLVD

3. NAME OF DECEASED (Type or Print)	(First) PIERRE	(Middle) —	(Last) BARRIERE	4. DATE OF DEATH	(Month) FEB (Day) 20 (Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE-4-1881	9. AGE last birthday 68 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE - STATION OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY GASOLINE STATION	11. BIRTHPLACE (State or foreign country) FRANCE	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME EUGENE BARRIERE		14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ANNA BARRIERE			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PROBABLE INTERNAL HEMORRHAGE

260 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CIRRHOSIS OF LIVER c̄ ASCITES + PREVIOUS HEMORRHAGES

61 (c) DIABETES MELLITUS c̄ PREVIOUS COMATOSE EPISODES

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (d) ARTERIO-SCLEROTIC + H.T. HEART DISEASE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 20 FEB, 1950, that I last saw the deceased alive on 10 FEB, 1950, and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leslie Finch MD.	F.A.C.P.	215-1726 EYE ST. N.W	WASHINGTON D.C

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 2/22/1950	NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.	LOCATION (City, town, or county) COLMAR MANOR, PR. GEO. (State) MD.
DATE REC'D BY LOCAL REG. February 20-1950	REGISTRAR'S SIGNATURE John D. Smith	24. FUNERAL DIRECTOR N. W. Chambers Co.	ADDRESS Riverdale Md

1567V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01788

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md — LENGTH OF STAY (in this place): 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlbro, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joanne (Middle) (Last) Barr

4. DATE OF DEATH: (Month) February (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 24, 1947

9. AGE last birthday: 2 yrs. If under 1 year: Months 11 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cheverly, Prince Georges Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Barr, William

14. MOTHER'S MAIDEN NAME: Dove, Doris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia	12 hrs
491X Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral Bronchopneumonia	18 hrs
	(c) Pulmonary Congestion	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1950, to Feb 18, 1950, that I last saw the deceased alive on 18 Feb., 1950, and that death occurred at 10 55 A.m., from the causes and on the date stated above.

SIGNATURE: Robert B. Lamar — (Degree or title): MD — ADDRESS: Upper Marlboro — DATE SIGNED: 19 Feb 50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/20/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county): Suitland — (State): Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Maryland.

Feb. 20-1950 — Edna F. Collins

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01789

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Maryland
STREET ADDRESS (If rural, give location) 1111 Snowden Place

3. NAME OF DECEASED (Type or Print) Raymond (First) ~~Baby~~ Johnny (Middle) ~~Boy~~ (Last) Bonnici

4. DATE OF DEATH (Month) February (Day) 1 (Year) 1950

5. SEX M —
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 31, 1950
9. AGE last birthday yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours 14, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md. - Pr. Geo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bonnici, Benjamin
14. MOTHER'S MAIDEN NAME Anderson, Ethel Jean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Atelectasis, congenital — 12 hr

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1950, to 2/1, 1950, that I last saw the deceased alive on 2/1, 1950, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert S McGinnis M.D. 402 Main St Laurel Md 2/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/2/50
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Feb 1, 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson, Laurel, Md.

2-0-1-31-0-39-3-36-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01790

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS #3 - Fourth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 3 - Fourth Avenue

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Mae (Last) Boswell

4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 16-1912
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Wilson
14. MOTHER'S MAIDEN NAME Sally Sigmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Bertha Stott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491X Immediate cause (a) Ac. congestive heart failure

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J Maloney M.D. Dep. Med. Exam - Cheverly - Hyattsville, Md 2-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/18/50
NAME OF CEMETERY OR CREMATORY Wash. Nat'l. Cem.
LOCATION (City, town, or county) (State) Suitland Pr. Geo. Md

DATE REC'D BY LOCAL REG. Feb 17 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR W. W. Chambers Co - Riverdale, Md ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County: Pr Georges

City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred: 6516 Coolidge St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr. Geo Co

City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6516 Coolidge St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Nancy Rhodes Brown

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Benjamin Terrell Brown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 10 1871

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Flint Hill, Rappahannock Co. Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Jas W. Bowen
13. Birthplace: Virginia

MOTHER
14. Maiden name: Emma Rhodes
15. Birthplace: Virginia

16. Informant: Mr. James Edward Brown
Address: 6516 Coolidge St Wash 19, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 15th 1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: W. W. Chambers Co
Address: 517-11th st. S.E.

19. Feb 13 1950 (Date rec'd by registrar) Carrie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1950, at 5:04 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1949, to Feb 13 1950 and that I last saw her alive on Feb 10 1950

Immediate cause of death	DURATION
Generalized Carcinomatosis	2 Mths
Due to: Carcinoma of uterus	1 Year
Due to:	
Other conditions: 174 48b (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: W. Suit Ritchie MD
M. D. or other

Address: 7005 Ritchie Road SE Wash 19 D.C. Date signed: 2/13/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
FEB 16 1950
BUREAU V. S.

01792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George's Md

City or town: Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Months

Hospital, institution, or street address where death occurred: 2803 Laurel Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: West Virginia County: Cabell

City or town: Huntington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 637 - 9th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Laura Buckner Burdette

3.(b) Social Security Number

4. Sex: Female

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Wid.

6.(b) Name of husband or wife: Franklin Burdette

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 10, 1871

8. AGE: Years 78 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Cabell County West Virginia (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER

12. Name: James A. Buckner

13. Birthplace: Ohio

MOTHER

14. Maiden name: Olga Handler

15. Birthplace

16. Informant: Franklin L. Burdette

Address: 2803 Laurel Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 2 (day) 50 (year)

Cemetery or crematory: Ona West Virginia

Location: Ona, West Virginia

18. Funeral director: W. K. Hunterdon

Address: 5732 Ga Ave N.W. Wash. D.C.

19. 2-26 1950 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26, 1950 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11, 1949 to Feb 26, 1950 and that I last saw her alive on Feb. 25, 1950

Immediate cause of death	DURATION
Coronary Occlusion	24 hrs.
Due to Auricular Fibrillation	10 Months
Due to Hypertension	10 yrs.
Arterio-sclerotic Heart Disease	10 yrs.

Other conditions: 420.0 93d (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George B. Patrick, Jr., M.D. M.D. or other

Address: 8700 Colesville Rd. Silver Spring, Md. Date signed 2/26/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
1950

Evidence for addition of 19a & b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01793

CERTIFICATE OF DEATH

Reg. Dist. No. 243

File No. C 1[illegible] MAR 2 1950

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 4 mo., 26 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1464 R. Island Ave., N. W.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) (Last) BURKETT

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/11/1919

9. AGE last birthday: 30 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Chula, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Hill

14. MOTHER'S MAIDEN NAME: Mary Clifton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 578-22-3510

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema Postoperative	1 day
002 X Antecedent cause(s)		
B b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	14 yrs 9 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/9/50

19b. MAJOR FINDINGS OF OPERATION: Lobectomy, rt. upper lobe; Post Thoracoplasty cav. tbc. of rt. upper lobe (3/2/50 ems)

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1948, to 2/10, 1950, that I last saw the deceased alive on 2/10, 1950, and that death occurred at 9:20 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Md. 2/10/50

23. BURIAL, CREMATION / REMOVAL (Specify) DATE 2/13/50 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 2/11/50 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS James T. Ryan, Inc 317-8th ave, S. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01794 248

Reg. Dist. No. ~~214~~

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 349-Boyd. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Prince Maryland — COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 349 Boyd Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) O. (Last) Burkitt

4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-14-1916

9. AGE last birthday: 33 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis O'Connell

14. MOTHER'S MAIDEN NAME: Hannah Leahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Carroll Burkitt, 349-Boyd Ave-Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 10 minutes

421.4 Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — 1 yr

(c) Valvular Heart Disease - Mitral Insufficiency — 25 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1942, to 2-12, 1950, that I last saw the deceased alive on 2-4-50, 19....., and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Andrew J Betz MD - 800 Buttermut St. N.W. Wash 12 DC

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/16/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Wash DC

DATE REC'D BY LOCAL REG.: Feb 13/50 — REGISTRAR'S SIGNATURE: Frances Potter, James Severe

24. FUNERAL DIRECTOR: Timothy Hanlon — ADDRESS: 641 S St NE Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

Timothy Hanlon
surveyor

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01795

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1225 Linden St., N. E.

3. NAME OF DECEASED (Type or Print) (First) SYLVIA (Middle) D (Last) CHURCHILL

4. DATE OF DEATH (Month) Febr (Day) 1st (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9/18/37

9. AGE last birthday 12 yrs. If under 1 year: Months 4, Days 14; If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) –

10b. KIND OF BUSINESS OR INDUSTRY –

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Churchill

14. MOTHER'S MAIDEN NAME Martha Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –

16. SOCIAL SECURITY NO. –

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 mos

002X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1949, to 2/1, 1950, that I last saw the deceased alive on 2/1, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 2/1/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 2/2/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 2/2/50 REGISTRAR'S SIGNATURE Uloe Weiss

24. FUNERAL DIRECTOR Malvan & Schey Inc. ADDRESS 424 R St., NW

RECEIVED
FEB 10 1950
U.S. BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01796

CERTIFICATE OF DEATH

BC

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Prince George's Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyatsville — LENGTH OF STAY (in this place) 15 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart House	STREET ADDRESS (If rural, give location) 401 Sommersett Rd. ✓

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) MARY (Last) COEN				4. DATE OF DEATH (Month) Feb. (Day) 18, (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 7, 1865	9. AGE last birthday 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew Coen			14. MOTHER'S MAIDEN NAME Bridget McLaughlin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Winifred Higdon (Sister) 1208 JohnSt		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pernicious Anemia	5 years
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Feb 18, 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas Collins M.D. ADDRESS 322 H. St N.E. - Wash, D.C. DATE SIGNED FEB 18 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 21. 1950	NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	LOCATION (City, town, or county) (State) Baltimore Md
DATE REC'D BY LOCAL REG. 2/20/50	REGISTRAR'S SIGNATURE A. W. Hedgson	24. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. BALTIMORE - 13, MD.	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01797

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) Mour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Cochron Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Russell (Last) Compton
4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 26, 1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bakery Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sperryville, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Compton
14. MOTHER'S MAIDEN NAME Olive L. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head.

164c (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Beltsville, (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 10 (Year) 50 (Hour) 10.30 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted wound.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 2-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 14, 1950
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 2/10/19
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901 14th St N.W.
2/13/50 James Berry
432 XV Washington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

RECEIVED
FEB 14 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01798

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4713 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
STREET ADDRESS (If rural, give location): 4713 Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Constantine

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept-18-1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): College Park Md.

12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: Edward Daniels

14. MOTHER'S MAIDEN NAME: Clara E. Ricar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Bladensburg md
John E. Constantine 4713 Annapolis Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c)	

331X
E 330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

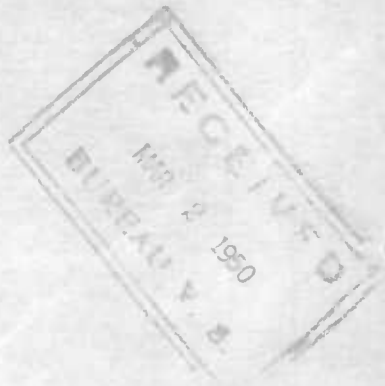
22. I hereby certify that I attended the deceased from ....., 1936, to 2-26, 1950 that I last saw the deceased alive on 2-26, 1950, and that death occurred at 3 P.' m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — **ADDRESS** — **DATE SIGNED**
Howard Hays M D — Hyattsville. Md — 2-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE**: 3/1/50 — **NAME OF CEMETERY OR CREMATORY**: Fort Lincoln — **LOCATION** (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: 2/28/50 — **REGISTRAR'S SIGNATURE**: Amanda Downey

24. FUNERAL DIRECTOR — **ADDRESS**: J. Gaschi Sons. Hyattsville, Md.


RECEIVED
MAR 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01799

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural); LENGTH OF STAY (in this place): 2 yrs., 4 months and 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY: -; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 1206 6th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EDWARD (Last) COUNTISS

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/11/1902

9. AGE last birthday: 47 yrs.; If under 1 year: Months 5, Days 15; If under 24 hrs.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Countiss

14. MOTHER'S MAIDEN NAME: Martha E. Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary Tuberculosis — Interval Between Onset and Death: 10 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 19 47, to 2/26, 19 50, that I last saw the deceased alive on 2/26, 19 50, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): MD ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 2/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 2/26/50; NAME OF CEMETERY OR CREMATORY: ; LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 2/26/50; REGISTRAR'S SIGNATURE: Mel Weiss

24. FUNERAL DIRECTOR: Eugene Ford ADDRESS: 1213-4th St S.W. Wash. DC

720 99

RECEIVED
MAR 6 1950
BUREAU U. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

61800

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium (ALSO KNOWN AS SARAH SMITH)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1323 Union St., S. W.

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) HENSON (Last) CROSS
4. DATE OF DEATH (Month) FEB. (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/14/1911
9. AGE last birthday 38 yrs. If under 1 year Months 1 Days 30 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Henson
14. MOTHER'S MAIDEN NAME Sarah Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1 yr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002 x

13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 12, 1950, to FEB 13, 1950, that I last saw the deceased alive on FEB 13, 1950, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnecane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 2/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Lo Washington D.C. DATE 2-13-1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2/14/50
REGISTRAR'S SIGNATURE Neal Weiss
24. FUNERAL DIRECTOR Eugene Ford ADDRESS 1213-4-St S W

52086

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01801

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY: –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural); LENGTH OF STAY (in this place): 1 yr., 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): Eastern Star Home 6000 N. H. Ave., N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	DAVISON	2	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6/10/1876	73 yrs.	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	–	Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward C. Dill	Mary E. Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	–	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

0021 **Immediate cause** (a) pulmonary Tuberculosis — 15 mos.

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1949, to 2/16, 1950, that I last saw the deceased alive on 2/16, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Pennecave	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	2/16/50

23. BURIAL, CREMATION REMOVAL (Specify) ✓	DATE 2/16/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
			Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/50	Moe Weiss	The S. H. Hines Co	2901-14th St. N.W.

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01802

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: T. B. — LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Marlboro T. B. Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Gr.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: T. B.
STREET ADDRESS (If rural, give location): Old Marlboro - T. B. Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Howard (Last) Dorsey
4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-1-64
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rison Dorsey
14. MOTHER'S MAIDEN NAME: Cloe Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Annie Hensley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Uremia

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 2 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James S. Boyd — (Degree or title): M. D. — ADDRESS: Forestville Md — DATE SIGNED: 2-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 7 1950 — NAME OF CEMETERY OR CREMATORY: Asbury Cem. — LOCATION (City, town, or county) (State): T. B. Prince George Md

DATE REC'D BY LOCAL REG.: Feb. 7-1950 — REGISTRAR'S SIGNATURE: Edna F. Collins — 24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis

886W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01803

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warrens Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 209 11th St

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Dorsey

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 29th 1867
9. AGE last birthday 82 yrs. If under 1 year: Months 4, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laurel
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin H Dorsey
14. MOTHER'S MAIDEN NAME Annie R Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ellen Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Virus Pneumonia

492 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Chr. myocarditis

93d (c) II Acute retention

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

92/21/50 akc)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 31, 1950, to 2 9, 1950, that I last saw the deceased alive on 2 9, 1950, and that death occurred at 11.30 p.m., from the causes and on the date stated above.

SIGNATURE B P Warren (Degree or title) MD ADDRESS Laurel DATE SIGNED Md 2.9.50

23. BURIAL, CREMATION REMOVAL (Specify) DATE Feb 13 1950 NAME OF CEMETERY OR CREMATORY Ivy Hill LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REG. Feb 13-50 REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Ridgley Sebby ADDRESS

2 10 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01804

Reg. Diat. No.

1. PLACE OF DEATH:

County: Prince Georges

City or town: 650 / Dorsey Road

(If outside city or town limits, write RURAL and give nearest town)

Washington D.C.

How long in above place of death?

Hospital, institution, or street address where death occurred: County Aged Home

How long in hospital or institution? 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town 650 / Dorsey Road - Ritchie Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 650 / Dorsey Road Washington D.C.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Spencer Douglass.

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years: unknown; Months: ; Days: ; If less than one day: hrs. min.

8. Birthplace Cedarville Md.

(Town, county, and state)

10. Usual occupation laborer

11. Industry or business Alms House Patient

FATHER — 12. Name Henry Douglass

FATHER — 13. Birthplace Cedarville, Md.

MOTHER — 14. Maiden name unknown

MOTHER — 15. Birthplace unknown

16. Informant Alms House

Address Ritchie Road Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof 2 11 50 (month) (day) (year)

Cemetery or crematory Dept. of Anatomy

Location University of Maryland Hosp.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Maryland

Anatomical Case

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 19 50, at 3 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 19 50, to Feb 10 19 50

and that I last saw him alive on Feb 10 19 50

Immediate cause of death	DURATION
Acute Congestive Heart failure	6 hrs.
Due to Bilateral Arterio Sclerosis	unknown
Due to	
Other conditions Mild Acute Cholecystitis 450.0	10 days

(Include pregnancy within 3 months of death)

Major findings of operation — none

Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide natural Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Washington D.C. Date signed Feb 10 1950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

mw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01805

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 342

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Largo
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anarundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis.
STREET ADDRESS (If rural, give location) Naval Barracks ✓

3. NAME OF DECEASED (Type or Print) (First) Willie (Middle) (Last) Eford

4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Mar. 15, 1926

9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy

11. BIRTHPLACE (State or foreign country) Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT U.S. Navy records at Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

823.5 Immediate cause (a) Hemorrhage + Shock

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to crushed skull + Chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Central Ave (CITY OR TOWN) Largo (COUNTY) P. G. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-17-50 6 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Passenger in a car that ran off Rd

22. *I certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. Pogg (Degree or title) M.D. ADDRESS Forestall Med DATE SIGNED 2-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 2-18-50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Birmingham, Ala.

DATE REC'D BY LOCAL REG. 2-18-50 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malvan & Schey Inc. ADDRESS 424 R. St. N.W.

Carrie F. Campbell

60896

VS. A15A

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01806

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 yr. 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York city
STREET ADDRESS (If rural, give location) 140 West 55th St.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Belle (Last) Fisher

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 29, 1874
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adm. Asst. to Board of Int. Examiners
10b. KIND OF BUSINESS OR INDUSTRY Govt.
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Redmond Fisher
14. MOTHER'S MAIDEN NAME Louiza Lockhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 mo
Antecedent cause(s)	Arteriosclerotic Heart Disease	6 mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 yrs.
	(c) Senile Psychosis	2 weeks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteo Arthritis	10 years

420.0
93d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 25, 1946, to Feb 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 2:30 a m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 2-12-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE FEB. 13/50
NAME OF CEMETERY OR CREMATORY FAIRMONT CEMETERY
LOCATION (City, town, or county) HUNTINGBURG, IND (State)

DATE REC'D BY LOCAL REG. Feb 13, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. ADDRESS RIVERDALE, MD

11297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01807

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 5004 - Decatur St.

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) C. (Last) FRERE

4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH About 1869
9. AGE last birthday 80? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Sparr
14. MOTHER'S MAIDEN NAME Wilhelmina Haag

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Julia F. Frere

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	5 weeks
331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	many years
83a	(c)	Arteriosclerosis.	many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to Feb 4, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE Louis M. Jinal (Degree or title) M.D. ADDRESS Cottage City, Md. DATE SIGNED Feb. 4, 1950.

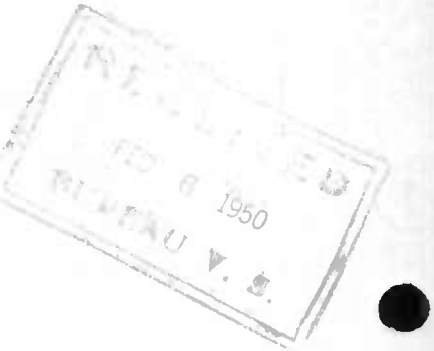
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 6, 1950
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Feb 4, 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR J. William Lee's Son Co. ADDRESS 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


1950
U. S.

01868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH · COUNTY: Prince Georges Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · ~~STATE~~ D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home	STREET ADDRESS (If rural, give location): 3700 - 33 Place N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Nellie C. Gascon			4. DATE OF DEATH (Month) (Day) (Year): Feby. 8" 1950		
5. SEX: Female	6. COLOR OR RACE: White	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: Aug 1st 1866	9. AGE last birthday: 83 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): England		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS: Sacred Heart Home Hyattsville Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Heart Failure	Jan 15-Feb 8
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	One year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 1:00 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas F Collins		324 H St. N.E. Washington	D.C.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feby 11 1950	Mt Olivet Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feby 8, 1950	Mrs. Jas. Severe Deputy	Th S. H. Hines Co	2901-14 26-N.W.

X VX 99

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01809

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (In this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6833 Roosevelt Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6833 Roosevelt Ave

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) Mae (Last) Gregory

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/28/82

9. AGE: Last birthday 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Millard Dorn

14. MOTHER'S MAIDEN NAME: Emma Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alan E. Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442X **Immediate cause** (a) Acute congestive heart failure

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

260

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Floyd (Degree or title) M.D. ADDRESS: Forestville, Md DATE SIGNED: 2-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Feb. 6, 1950 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. Feb. 6-50 | REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: J. Williams Lee Sons Co. ADDRESS: 300 4th St. N.E. Washington D.C.

VS. A15A

RECEIVED
FEB 10 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01810

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4000 Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonards; STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print): (First) GABRIELLA (Middle) HERBER (Last) HARRISON

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1950

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Mar 2 1859

9. AGE last birthday 90 yrs. If under 1 year: Months. 9 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Own self.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John C. Herbert

14. MOTHER'S MAIDEN NAME Jane E. Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Jane E. Herbert 4000 Hamilton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Jan 18, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert W. D. Hyattsville Md 2-18-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 2/21-50

NAME OF CEMETERY OR CREMATORY St. Josephs

LOCATION (City, town, or county) (State) Wayson, Md.

DATE REC'D BY LOCAL REG. 2/18/50

REGISTRAR'S SIGNATURE, James Serres

24. FUNERAL DIRECTOR Jas. E. Mattingley

ADDRESS Leonardtown Md.

RECEIVED
FEB 23 1950
BUREAU V. S.

01811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills Md
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7516 Blaine St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills
STREET ADDRESS (If rural, give location) 516 Blaine Street

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Bryant (Last) Harrison

4. DATE OF DEATH (Month) Feby (Day) 10th (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feby 25 1898
9. AGE last birthday 51 yrs. If under 1 year: Months 11 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Paper operator
11. BIRTHPLACE (State or foreign country) Ching Geon N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Harrison
14. MOTHER'S MAIDEN NAME Elizabeth Whattoger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Ethel Harrison Washington 19 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x Immediate cause (a) Cardiorenal vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis of lungs asthma. — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Feby 10th, 1950, that I last saw the deceased alive on Feby 5, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Apgar M.D. P.O. Seat Pleasant, 19, Md Lock Box 5495

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/12/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. 2/12/50
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell
24. FUNERAL DIRECTOR F. Tasch's sons Hyattsville Md ADDRESS

4205V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C1812 245

Reg. Dist. No. 2

PRINCE GEORGES

1. PLACE OF DEATH COUNTY 7008 - Woodland Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7008 - Woodland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park
STREET ADDRESS (If rural give location) 7008 - Woodland Ave

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) C (Last) Hays.

4. DATE OF DEATH (Month) Feb (Day) 1st (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH March 1867 | 9. AGE last birthday 82 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Rochester Pa. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George W. Moore | 14. MOTHER'S MAIDEN NAME Emma Gear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT George H. Hays

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Generalized Arteriosclerosis 5 yrs

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23, 1950, to 2-1, 1950, that I last saw the deceased alive on 1-31, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE Ernest J Parent (Degree or title) MD | ADDRESS 901 Monroe St NE Wash D.C. | DATE SIGNED 2-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Transport Stern Burial | DATE 2/3/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Rochester Pa (State)

DATE REC'D BY LOCAL REG. 2/1/50. | REGISTRAR'S SIGNATURE Irvin Cem | 24. FUNERAL DIRECTOR The S. H. Hines Co. | ADDRESS 2901-14th N.W.

2/2/50 James Sevin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01813

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Foot Landing | LENGTH OF STAY (In this place) Immediate
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural give location) 918 Prince Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Roy	Herndon	2	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	May 23, 1907	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Electrician		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Herndon	Daisy Houghton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Nellie Herndon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183	(b) Drowning	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac River	(CITY OR TOWN)	(COUNTY) P.G.	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY occur?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James B. Boyd	M.D.	Forestville Md	2-16-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	2/18/50	Cedar Hill Crematory	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/50	Amanda Downey	F. Leach & Son	Hyattsville Md

Mrs. Alton Waves.

314 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.
FEB 27 1930

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01814

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 2 mo. 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1226 Kirby St., N. W.

3. NAME OF DECEASED (Type or Print) (First) BOLDEN (Middle) J (Last) HUBBARD

4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 1/2/1904

9. AGE last birthday 46 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver

10b. KIND OF BUSINESS OR INDUSTRY Hecht Co.

11. BIRTHPLACE (State or foreign country) Chatham, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ben Hubbard

14. MOTHER'S MAIDEN NAME Sis Mause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –

16. SOCIAL SECURITY No. 230-12-7826

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 mos

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1948, to 2/10, 1950, that I last saw the deceased alive on 2/9, 1950, and that death occurred at 3 55 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnicane M.D. (Degree or title) ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 2/10/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE 2/10/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 2/11/50 REGISTRAR'S SIGNATURE Moe Weiss

24. FUNERAL DIRECTOR Malvan & Schepler ADDRESS 424 R St N.W.

42079

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01815

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4106 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4106 Oliver Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Annie	Hurn	Feb	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	May 15, 1878	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hobbs	Susan Glyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Margaret Henrietta Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

902.0 186a

(b) Pulmonary Embolism - Fracture of sternum

(c) & 3 ribs - Fall from bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningitis - Chr. arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Hyattsville	Pr. Geo	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
2-4-50 m.		Fell from bed to floor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D.	Cheverly	Hyattsville Md 2-6-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/50	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 7, 1950	James Seney	F Gascho-Ens	Hyattsville Md.

XVX44

VS-A15A

RECEIVED
1930

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01816

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 9 mo's, 18 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 72 - Fenton St., N.E.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) IRVING

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: June 26, 1929

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus boy

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John L. Irving

14. MOTHER'S MAIDEN NAME: Mary Worthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: lost

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous Enteritis & Peritonitis — Interval Between Onset and Death: 3 yr 2 months

Antecedent cause(s)

011X 15 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1949, to Feb. 6, 1950, that I last saw the deceased alive on Feb. 6, 1950, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane (Degree or title) M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 2/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 2/6/50 — NAME OF CEMETERY OR CREMATORY: Panes Cemetery, Bunning Rd. — LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG.: 2/11/50 — REGISTRAR'S SIGNATURE: Mal Weiss

24. FUNERAL DIRECTOR: Stewarts Funeral Home — ADDRESS: 30 H St., N.E. Wash., D. C.

77071

VS. A13

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0817

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Glendale Md. Prince George county — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glendale Md. Box 82

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Glendale Md. — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Glendale Md. Box 82

3. NAME OF DECEASED (Type or Print): (First) Addellar (Middle) Jackson (Last)

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-30-79

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellenora Lee

12. CITIZEN OF WHAT COUNTRY? Prince George

13. FATHER'S NAME: Nathaniel Wood

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Elsie Crump.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-vascular Accident	10 hours
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years
	(c) Generalized Arterio-sclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Feb. 25, 1950, that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 11:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
T. Richard Conner, M.D. Bowie, Md. 2/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-1-50 — NAME OF CEMETERY OR CREMATORY: Dorsey's Methodist Church — LOCATION (City, town, or county) (State): Glendale Md.

DATE REC'D BY LOCAL REG.: 2/25/50
REGISTRAR'S SIGNATURE: Margaret L. Stancliff R.N.
24. FUNERAL DIRECTOR: James W. Ellerman — ADDRESS: 2006-P St. N.W.

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01818 245

Reg. Dist. No. ~~214~~

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home, Hyattsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Mother Jones Rest Home, Riggs Rd Ext.

3. NAME OF DECEASED (Type or Print) (First) WILLARD (Middle) DAMERON (Last) JEWELL

4. DATE OF DEATH (Month) 2 (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 2/6/1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Marshall Jewell
14. MOTHER'S MAIDEN NAME Martha Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~no~~ (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT G. Fred. Wohlfarth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Bronchopneumonia (hypostatic) — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Feb., 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A. Fitzgerald MD
ADDRESS 802 Malcolm Dr. SS Md
DATE SIGNED 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/20/50
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/20/50
REGISTRAR'S SIGNATURE ~~Frances Potter~~ James Severe
24. FUNERAL DIRECTOR W.W. Chambers Co. 1400 Chapin St N.W. D.C.
ADDRESS

26697

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 1 1950
BUREAU V. S.

Finished
2-27-50

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01819

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md
LENGTH OF STAY (in this place) 4½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakcrest Md.
STREET ADDRESS (If rural, give location) Lindon Avenue

3. NAME OF DECEASED (Type or Print) (First) Luvina (Middle) — (Last) Johnson

4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1950

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH About 1885

9. AGE last birthday 64(?) yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hswf.

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Carroll

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: unknown

260x Antecedent cause(s) with coma — 1 week

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1950, to Feb 27, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 4 35 a.m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 2-28-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar 2, 1950

NAME OF CEMETERY OR CREMATORY Bacon's

LOCATION (City, town, or county) (State) Near Laurel A. Ave Md

DATE REC'D BY LOCAL REG. March 1, 1950

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Ridgley Selby 401 Wash. Ave Laurel Md ADDRESS

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01820

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. LENGTH OF STAY (in this place): 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp.	STREET ADDRESS (If rural, give location): 3609 - Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) Tittow (Last) Johnson			4. DATE OF DEATH (Month) February (Day) 15, (Year) 1950	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: unknown	9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY: Seamstress	11. BIRTHPLACE (State or foreign country): England	12. CITIZEN OF WHAT COUNTRY? England	
13. FATHER'S NAME: John Tittow		14. MOTHER'S MAIDEN NAME: Rachel Jordan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: William A Burslem		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis (Portal) Liver.	years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bile Nephrosis	years
	(c) Bronchopneumonia.	2 weeks

591
124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S Miller MD		3824 - 34 St Mt Rainier	Feb 16 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/17/50	St Johns	Beltsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/50	Amanda Downey	F. Gische sons	Hyattsville Md

43489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 21 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01821

FILM No. G 124 FEB 15 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH COUNTY: Prince George's — MARYLAND	**2. USUAL RESIDENCE (HOME) OF DECEASED** STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Riverdale Md. — LENGTH OF STAY (in this place): 11 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Riverdale Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 5517 Nicholson St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Senny		Johnson	Feb 6, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Married	12/12/1888	~~62~~ 61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home	own home	Norway	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hensen	Frederica Frederickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		John T. Johnson E. Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition and	1 year
151 X Antecedent cause(s)	Secondary Anemia due	2 years
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Carcinoma of Stomach and	2 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	metastases to abdominal viscera	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1947, to Feb, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller M.D.	3824-34th St Mt Rainier	Feb 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/9/50.	Ft. Lincoln	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 7, 1950	James Berry	F. Gasch's Sons	Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01822

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Community Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bolivar
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Ann (Last) Keller

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: 12/17/1869 — 9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Bolivar, W. Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Keller — 14. MOTHER'S MAIDEN NAME: Ann Barrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Mrs. Rhoda Melicoat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cerebral accident — 4 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) Hypertensive Heart & kidney disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1949, to Feb 17, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George F. Hageage M.D. — 2-18-50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 2/20/50 — NAME OF CEMETERY OR CREMATORY Harper Cemetery — LOCATION (City, town, or county) Harpers Ferry, W. Va. — (State)

DATE REC'D BY LOCAL REG. Feb 18 1950 — REGISTRAR'S SIGNATURE James Seevers — 24. FUNERAL DIRECTOR Smith & Slider, Charles Town, W. Va. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01823

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A-15 9-45-15M

1. PLACE OF DEATH:

County: Prince Georges

City or town: Alms House. 6501 Darcy Road

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

Alms House 6501 Darcey Road S.E. Washington 19 DC

How long in hospital or institution? 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Alms House - Prince Georges Co.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 Darcey Road S.E. (If rural, give LOCATION) Washington 19 DC

2.(a) If veteran, name war: unknown

3. (a) FULL NAME: Luther Howard King

3. (b) Social Security Number: unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 9 1908

8. AGE:

Years	Months	Days	If less than one day
41			..... hrs. ..... min.

9. Birthplace: Prince Georges (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Prince Georges Co. Alms House

FATHER 12. Name: Thomas Luther King

FATHER 13. Birthplace: Calvert County Md.

MOTHER 14. Maiden name: Clarence Wade Beal

MOTHER 15. Birthplace: Prince Georges Co. Md

16. Informant: Nancy King Wilson

Address: Upper Marlboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/21/50 (month) (day) (year)

Cemetery or crematory: Trinity Episcopal

Location: Upper Marlboro, Md.

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Maryland.

19. Feb 20 1950 (Date rec'd by registrar) Edna T. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 18 1950 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from unattended to ..... to ..... 19..

and that I last saw h. alive on Feb 17th 1950

Immediate cause of death	DURATION
Acute Coronary occlusion	
Due to unknown	Found dead in bed.
Due to with history of pain in chest and shortness of breath.	
Other conditions. 420.1 94a	

(Include pregnancy within 3 months of death)

Major findings of operation: none

Date of op. .....

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of .....

Where did injury occur? no evidence of injury - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Paul C. Van Natta Coroner M. D.

Address: Washington 19 DC Date signed: Feb 18 1950

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01824

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6161 Landover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Philippines — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rizal (Pasay)
STREET ADDRESS (If rural, give location) 2 Salud

3. NAME OF DECEASED (Type or Print): (First) ROSITA (Middle) Opiniano (Last) LAROZA

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1950

5. SEX: Fem.

6. COLOR OR RACE: Filipino

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 16, 1916

9. AGE last birthday: 33 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philippines

12. CITIZEN OF WHAT COUNTRY? Philippines

13. FATHER'S NAME: Mariano LAROZA

14. MOTHER'S MAIDEN NAME: NOT KNOWN (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: DR. I. R Villaroman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure, acute	10 minutes
434.2 Antecedent cause(s)		
95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac ASTHMA. CHRONIC	5 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Feb. 11, 1950, that I last saw the deceased alive on Feb. 11, 1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 6161 Landover Rd., Cheverly, Md DATE SIGNED Feb. 11, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Feb 15/50 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Feb 12/1950 — REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR W.W. Chambers Co. — ADDRESS Riverdale MD

52086

Miss Dwming

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01825

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 10 mo., 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 300 50th St., N. E.

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) (Last) LESSANE

4. DATE OF DEATH: (Month) FEB. (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/24/24

9. AGE last birthday: 25 yrs. If under 1 year: Months —, Days —. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin McCoy

14. MOTHER'S MAIDEN NAME: Bertha Betha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 578-34-8850

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 13 mo.

002X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 24, 1949, to FEB. 13, 1950, that I last saw the deceased alive on FEB. 13, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pinecard (Degree or title) M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 2/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): to Washington DC. DATE: 2-13-50

NAME OF CEMETERY OR CREMATORY: —

LOCATION (City, town, or county) (State): —

DATE REC'D BY LOCAL REG.: 2/14/50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: E. Ernest Jarvis Co

ADDRESS: 1432 3rd St NW

RECEIVED
JUL 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01826

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kenilworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Kenilworth Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) CLIFTON (Last) LOOR

4. DATE OF DEATH: (Month) Feb. 8th, (Day) (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 12/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: DC Public Schools

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Loor

14. MOTHER'S MAIDEN NAME: Julia Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elizabeth Smith (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval between onset and death: 12/19/49

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1949, to Feb. 8, 1950, that I last saw the deceased alive on Feb. 4, 1950, and that death occurred at 10:30P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 1222 Monroe Street, N.E., Wash. D.C. 2/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb. 11/50
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.
LOCATION (City, town, or county) (State): Colmar Manor. Pr. Geo. Md.

DATE REC'D BY LOCAL REG. 2/9/50
REGISTRAR'S SIGNATURE Amanda Downey
2/10/50 James Devey

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md.
ADDRESS

36691

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01827

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights — LENGTH OF STAY (in this place) 6 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7206 - Foster street	STREET ADDRESS (If rural, give location) 7206 - Foster Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERTHA	MINNIE	LUCAS	Feb.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	June 4, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Grayson	Sarah Elizabeth Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Mrs. Bertha A. Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with hypertensive heart disease	7-8 years
	(c) Diabetes Mellitus	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Feb 27, 1950, that I last saw the deceased alive on Feb 27, 1950, and that death occurred at 8 45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brannin	MD	6124 Central Ave, Capitol Hgts Md	2/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	3-2-50	Addison Chapel	Seat Pleasant	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 27-1950	Edna F. Collins	W. W. Chambers	517-11th St. S.E.

RECEIVED
MAR 3 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01828

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly. — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City.
STREET ADDRESS (If rural, give location): 3715-43rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Mason

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 26 Apr. 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Richard Mason

14. MOTHER'S MAIDEN NAME: Harriet Tomlinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934

(b) Generalized arteriosclerosis with coronary arteriosclerosis

(c) Congestive Heart Failure.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral Apoplexy (Hemorrhage)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Feb 2, 1950, to Feb. 10, 1950, that I last saw the deceased alive on Feb. 9, 1950, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: David L. Clayman — (Degree or title): MD — ADDRESS: 6311 Balto Ave-Riverdale, Md — DATE SIGNED: 2/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: Feb. 11, 1950 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REG.: FEB 10 1950 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Wm. Ellis Sons Co. — ADDRESS: 300-4th St. N.E.

XIX 99

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01829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 414 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural give location): 414 Main

3. NAME OF DECEASED (Type or Print) (First) GOLDIE (Middle) E. (Last) McCARTEN
4. DATE OF DEATH (Month) FEB (Day) 10 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAR 12, 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Laurel, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WM. A. MILES
14. MOTHER'S MAIDEN NAME: CATHERINE SNAPP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: MRS. M. V. FISHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) 443X 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. myocarditis. Chr. Hypertension

(c) Acute Colitis. Arterial softening

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 10, 1949 to 2 10, 1950, that I last saw the deceased alive on 2 10, 1950, and that death occurred at 6 40 P m., from the causes and on the date stated above.

SIGNATURE: B. P. Warren (Degree or title) md — ADDRESS: Laurel md — DATE SIGNED: 2 10 50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 2/13/50 — NAME OF CEMETERY OR CREMATORY: IVY HILL CEMETERY — LOCATION (City, town, or county): LAUREL, PR GEO. Co — (State): Md.

DATE REC'D BY LOCAL REG.: Feb 10 - 50 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: J. Arthur Walters — ADDRESS: 254 CARROLL ST NW TAKOMA PK DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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01830

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 5560 Spur Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Robert James Mears

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-5-1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Govt Printing Office
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Mears
14. MOTHER'S MAIDEN NAME Emaline Betts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Margaret G Mears

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.1	Immediate cause	(a) Myocarditis	6 years
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, nephrosis	6 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1943, to Feb 27, 1950, that I last saw the deceased alive on Feb 27, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Cole M.D.
ADDRESS 639 E Apt St
DATE SIGNED Washington, D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-1-1950
NAME OF CEMETERY OR CREMATORY Odd Fellow's Cemetery
LOCATION (City, town, or county) (State) Milford Del.

DATE REC'D BY LOCAL REG. 2/27/50
REGISTRAR'S SIGNATURE Edward J Beall
24. FUNERAL DIRECTOR J. William Lee's Sons Co.
ADDRESS Washington D.C.

Mrs. Alton Davis

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01831

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Heights Maryland
STREET ADDRESS (If rural, give location): 5011 - 56th Avenue

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Mendenhall

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 23, 1895

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Widstrom

14. MOTHER'S MAIDEN NAME: Mary Astlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Eugene Mendenhall Roger Hts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
175x	Immediate cause	(a) Generalized Carcinomatosis	6-8 MOS
49a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ovary	6-8 MOS
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 30 Sept 49

19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1949, to JAN, 1950, that I last saw the deceased alive on 1 FEB, 1950, and that death occurred at 3:35 P.m., from the causes and on the date stated above.

SIGNATURE: C. L. Etienne (Degree or title) M.D. — ADDRESS: 4713 Berwyn Rd College Park, Md — DATE SIGNED: 2-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/3/50 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county): Arlington (Pa) (State)

DATE REC'D BY LOCAL REG.: 1/3/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Tasch's Sons - Hyattsville Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

01832

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights | LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 61st Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 407 - 61st Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HATTIE	MAY	MILLER.	Feb.	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Sept 27 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles M. Keefer
14. MOTHER'S MAIDEN NAME: Sally Lemon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Frederick J. Miller.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	15 years
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro - enteritis	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 9 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brannin	MD	6124 Central Ave Capitol Hgts Md	2/28/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County) (State)
Burial	Mar. 3-1950	Addison Chapel	Seat Pleasant maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 28-50	Carrie F. Campbell.	J. Wm. Lee Sons Co	300 4th St NE

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

01833

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum Md.
STREET ADDRESS (If rural, give location) 5408 Sargent Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Mooth)	(Day)	(Year)
Elsie	Ethel	Moulton	2	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Mooths.	Days	If under 24 hrs. Hours	Min.
F	W	Widow	7-11-1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New York	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alonzo Downey	Louisa Lynds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	None	Helen B. Bickford 5408 Sargent Rd. Chillum Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	Few Minutes
420.0 Antecedent cause(s)		
492 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart disease	years
	(c) Coronary Sclerosis.	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	No	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	—	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 19 48, to 2-18, 19 50, that I last saw the deceased alive on 2-16, 1950, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dayton O Walker	MD.	5304 Annapolis Rd Hyattsville Md	2-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/20/50	Pine Grove Cemetery	Manchester New Hampshire

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-50.	Amanda Downey	The D. H. Hines Co.	2901-14th St. N.W.
2-21-50	James Leary		

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FEB 23 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01834

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GLENN DALE SANATORIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 229- F. St., N.E.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) C. (Last) MONDELL Jr
4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1930

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/12/49
9. AGE last birthday: yrs. If under 1 year: Months. 11 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George C. Mundell, Sr.
14. MOTHER'S MAIDEN NAME: Margaret Elwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: George C. Mundell, Sr., above address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Meningitis — 35 days

Antecedent cause(s)

010 14

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1950, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finnegan (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED: 2/6/50

23. BURIAL, CREMATION, REMOVAL (Specify):
DATE: 2-8-50
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town, or county) (State): Wash. D. C.

DATE REC'D BY LOCAL REG.: 2/7/50
REGISTRAR'S SIGNATURE: Noel Wren
24. FUNERAL DIRECTOR: T. F. Costello
ADDRESS: 1722 N. Capitol Wash. D. C.

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FEB 14 1950
BUREAU V. S.

01835

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town 5101 - Branch Ave S.E.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
5101 Branch Ave SE
Washington 20 DC

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Washington 20 D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5101 Branch Ave. S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Curtain
Susie Oden ~~Widow~~

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	negro	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
76			..... hrs. ..... min.

9. Birthplace Brandywine Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden name Lillie Curtain
15. Birthplace —

16. Informant Francis Barnes
Address 5101 - Br. Ave. S.E. Wash. 20. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6 1950 (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Clinton Pr. Geo. Co. Md.

18. Funeral director Barnes + Matthews
Address 614 - 4 St. S.W. Wash. D.C.

19. Feb. 2 1950 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1950 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1950 to Feb 2 1950 and that I last saw her alive on ~~Jan~~ Feb 1 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage with Paralysis Rt Side	1 week
Due to General Arterio Sclerosis	unknown
Due to —	
Other conditions —	

33 IX
83a
(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Causes

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Washington 19 DC Date signed Feb 2 1950

52086

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 10 1950
BUREAU V. S.

01836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr Geo Co

City or town: Rural Mitchellsville, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Prince Geo

City or town: Rural - Mitchellsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Queen Anne
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Maria Turner Owens

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John Owens

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 5, 1877

8. AGE: Years: 72 Months: 10 Days: 28 If less than one day ..... hrs. ..... min.

9. Birthplace: Anne Arundel Co. Md
(Town, county, and state)

10. Usual occupation: Hwf

11. Industry or business

FATHER
12. Name: Unk
13. Birthplace: Unk

MOTHER
14. Maiden name: Unk
15. Birthplace: Unk

16. Informant: Frank James

Address: Hall, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Mar 4 1950
(month) (day) (year)

Cemetery or crematory: Mt Nebo

Location: Mitchellville

16. Funeral director: J. B. Johnson

Address: Annapolis

19. Mar. 4 1950 Edna F. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 28 Feb 1950, at 9 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Feb 1950, to 28 Feb 1950 and that I last saw her alive on 28 Feb 1950

Immediate cause of death: Coronary Thrombosis — DURATION: 24 hrs

Due to: Arteriosclerotic Cardiovascular Hypertension — Unk

Due to: 420.1

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: R B Jasper MD
M. D. of other

Address: Upper Marlboro, Md Date signed: 28 Feb 50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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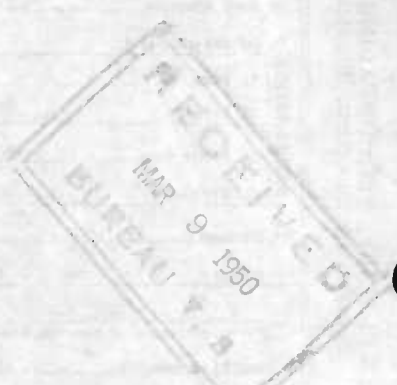
RECEIVED
MAR 9 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01837

Reg. Dist. No. 259

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural) LENGTH OF STAY (in this place) 6 mo. 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

STREET ADDRESS (If rural, give location) 4710 Edgemore Lane

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) J. (Last) PIERSON

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 4-12-1866

9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY University of Maryland

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David W. Pierson

14. MOTHER'S MAIDEN NAME Frances Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Daughter - Miss Bernice Pierson (above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	Several years
421.4 Antecedent cause(s)	(b) Chronic Endocarditis	Several years
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Arteriosclerosis	13 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction. (Chronic) 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-, 1949, to 2-28, 1950, that I last saw the deceased alive on 2-27-, 1950, and that death occurred at 2:58 a.m., from the causes and on the date stated above.

SIGNATURE Jesse C Dugins (Degree or title) M.D. ADDRESS Laurel Md DATE SIGNED 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 2/28/50 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 2/28/50 REGISTRAR'S SIGNATURE Amanda Downey M. Brashears

24. FUNERAL DIRECTOR L. Gasch & sons Hyattsville Md ADDRESS

V1099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01838

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (in this place) 15 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 9 H--Laurel Hill Road

3. NAME OF DECEASED (Type or Print): (First) RACHEL (Middle) (NMI) (Last) QUEEN

4. DATE OF DEATH: (Month) Feb. (Day) 21st, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27/1895

9. AGE last birthday: 54 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Long Branch, N.J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Randolph Slocum

14. MOTHER'S MAIDEN NAME: Caroline West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Robert E. Queen (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory Failure	3-5 hours
490X Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar Pneumonia & Effusion.	2 days
	(c) Decubitus Ulcers	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Feb. 20, 1950, that I last saw the deceased alive on 2/20, 1950, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE: William Eisner (Degree or title) M.D. ADDRESS: 30 B. Ridge Rd. Greenbelt, Md. DATE SIGNED: 2-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 24/50 | NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem. | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Feb 22, 1950 | REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Company, Riverdale, Md.

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01839

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Hyattsville — LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Ge.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Hyattsville Md.
STREET ADDRESS 3005 (If rural give location) Kenilworth Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Randolph (Last)

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: C. | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: 10-15-1885 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William Randolph
14. MOTHER'S MAIDEN NAME: Catharine Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Tillebat Randolph (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	1-2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis - Age	
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Side-paralysis - Age 5 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-19, 1950, and that death occurred at 11:12 p.m., from the causes and on the date stated above. 2/20/50

SIGNATURE Wm. H. Spiller (Degree or title) M.D. ADDRESS 4506 Rhode Island Ave Brentwood Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Feb. 24, 1950 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 2/21/50 | REGISTRAR'S SIGNATURE Vimanda Downey

24. FUNERAL DIRECTOR H.S. Washington & Sons ADDRESS 462 N St NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01840

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tairmont Hts — LENGTH OF STAY (In this place): Visiting
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 607-61st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 500 Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) (Last) Rawlings

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	C	Married	12-19-1897	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Rawlings
14. MOTHER'S MAIDEN NAME: Florena Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): Yes World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elenor Dent - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 **Immediate cause**	(a) A.C. congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardosis	
93e	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☒, *Inquiry* ☒ *therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. M.e. Examiner	Hyattsville, Md	2-22-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/23/50		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/23/50	Amanda Downey	H.S. Washington & Son.	467 N St. NW

42099

RECEIVED
FEB 27 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01841

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 11 mo., 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 813 22nd St., N. W.

3. NAME OF DECEASED (Type or Print): (First) LORETTA (Middle) A (Last) ROBINSON

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/27/1933

9. AGE last birthday: 16 yrs. If under 1 year: Months 5, Days 5, If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Robinson

14. MOTHER'S MAIDEN NAME: Julia Stroman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 years 4 months

Antecedent cause(s) 002X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 130

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1949, to 2/1, 1950, that I last saw the deceased alive on 2/1, 1950, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M. D. Glenn Dale Sanatorium, Glenn Dale, Maryland 2/1/50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2/2/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/2/50 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Joseph Janifer 1141-22nd St. N.W.

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01842

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 5 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md.; STREET ADDRESS (If rural give location) 4715 Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Julia (Last) Rohrback

4. DATE OF DEATH: (Month) (Day) (Year) 2/13/50 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11/10/1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Constantine

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Robert Rohrback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

9360 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

195e (c) Intertrochanteric fracture of Rt. femur -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Bladensburg (COUNTY) Pr. Geo (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 1950 3:00 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Thrown to floor in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D Dep-Med Exam - Cheverly - Hyattsville md 2-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/15/50; NAME OF CEMETERY OR CREMATORY Evergreen Cemetery; LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REG. 2/14/50; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md.

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01843

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Residence) Seabrook, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUARL Seabrook
STREET ADDRESS (If rural, give location) Seabrook, Md

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) VIRGINIA (Last) ROOF

4. DATE OF DEATH: (Month) FEB (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 21, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quicksburg, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.B. Hess

14. MOTHER'S MAIDEN NAME: Mary Larry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Katherine Kelly, Seabrook, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma of Descending Colon with Metastases and Obstruction — Interval Between Onset and Death: 6 mo

Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 21, 1949

19b. MAJOR FINDINGS OF OPERATION: Obstruction descending Colon.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

1949.

22. I hereby certify that I attended the deceased from ~~Dec 22~~, 1950, to Feb 26, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malone MD ADDRESS Riverdale Md DATE SIGNED 2-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: FEB 28, 1950
NAME OF CEMETERY OR CREMATORY: FORT LINCOLN
LOCATION (City, town, or county) (State): COLMAR MANOR MD

DATE REC'D BY LOCAL REG. 2-28-50
REGISTRAR'S SIGNATURE: Mrs. Agnes M. Guigling

24. FUNERAL DIRECTOR: W.W.Chambers, ADDRESS: Riverdale, Md.

RECEIVED
MAR 6 1950
BUREAU V. S.

01844

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Defense Heights
LENGTH OF STAY (in this place) 1 mo - 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4723 - 68th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Defense Heights
STREET ADDRESS (If rural give location) 4723 - 68th Ave

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Anthony (Last) Schmidt

4. DATE OF DEATH (Month) Feb (Day) 17. (Year) 50

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-7-50
9. AGE last birthday yrs. If under 1 year Months 1 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Friderich Schmidt
14. MOTHER'S MAIDEN NAME June Rita Heddings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

924.0 Immediate cause (a) Asphyxia

182 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Defense Heights (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2 - 17 50 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Suffocated while lying on stomach

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, occident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D., Dep. Med. Exam - Cheverly - Hyattsville, Md 2-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/18/50
NAME OF CEMETERY OR CREMATORY Mt Olivet.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 2-18-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

9-V-1-07-0- -00-V-99-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 23 1950
BUREAU V. S.

01845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Ga.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4103 Hamilton St.

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) B (Last) Schnede
4. DATE OF DEATH (Month) 2 (Dey) 16 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 6 1876
9. AGE last birthday 73 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Gretzschel
14. MOTHER'S MAIDEN NAME Anna Liebscher (Liebscher)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Henry Schnede

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	24 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	
	(c) Hypertension	

260X

61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE R H Lauer (Degree or title) MD. ADDRESS 4314 Gallatin St. Hyattsville Md. DATE SIGNED 2-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/20/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 2/17/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01846

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVER DALE
LENGTH OF STAY (in this place) 5 M. 5 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HEland MEMORIAL Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural give location) 74 WEBSTER ST. N.E.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) A. (Last) Schneider

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: July 27 1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT: JOHN SCHNEIDER (HUSBAND)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Acute Cerebro-Vascular Accident — Interval Between Onset and Death: 4 days.

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Multiple Cerebro-Vascular accidents — 1945 first

(c) Hypertensive arterio-sclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1947, to Feb. 27, 1950 that I last saw the deceased alive on 22 Feb, 1950, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M. D. 3829 - Penn. Ave. S.E. D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: MARCH 2/50 — NAME OF CEMETERY OR CREMATORY: GLENWOOD CEMETERY — LOCATION (City, town, or county) WASHINGTON D.C. (State)

DATE REC'D BY LOCAL REG. July 27 1950 — REGISTRAR'S SIGNATURE Mrs. Jas. Lerew Deputy — 24. FUNERAL DIRECTOR: W. W. Chamberlain — ADDRESS: 1400 Chapin ST NW.

VS. A15

RECEIVED
1950
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01847

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES COUNTY HYATTSVILLE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 9 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOME 5805 QUEENS CHAPEL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4612 CHASE AVE

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) (Last) SCHWEINHAUT

4. DATE OF DEATH (Month) FEB. (Day) 24 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JUNE 25, 1855
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEW YORK
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME PETER SCHWEINHAUT
14. MOTHER'S MAIDEN NAME KATHERINE ROSEDORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT RECORDS - SACRED HEART HOME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 months

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 24, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Thomas F Collins (Degree or title) M.D. ADDRESS 322 - H St NE. DATE SIGNED 2-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-25-50
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Feb 24 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

01848

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr., 9 mo., and 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 458 K. Street, N. W.

3. NAME OF DECEASED (Type or Print) (First) BARRETT (Middle) (Last) SMITH

4. DATE OF DEATH (Month) Feb., (Day) 22, (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/15/16
9. AGE last birthday 34 yrs. If under 1 year: Months – Days 7 If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) New Glascow, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Office Smith
14. MOTHER'S MAIDEN NAME Ruby ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –
16. SOCIAL SECURITY NO. 577-20-0721
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs
002 Antecedent cause(s)		1 mo
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1948, to 2/22, 1950, that I last saw the deceased alive on 2/22, 1950, and that death occurred at 10 25 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 2/22/50

23. ~~BURIAL CREMATION~~ REMOVAL (Specify) DATE 2/24/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 2/24/50 REGISTRAR'S SIGNATURE Noel Weiss
24. FUNERAL DIRECTOR Malvan & Selby Inc. ADDRESS 424 R. ST. N. W. Washington, D.C.

42099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01849

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2 Eye St., N. W.

3. NAME OF DECEASED (Type or Print) (First) RONALD (Middle) L (Last) STAMPS
4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/28/48
9. AGE last birthday 1 yrs. If under 1 year: Months – Days – If under 24 hrs.: Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lee R. Mack
14. MOTHER'S MAIDEN NAME Jeanette Stamps
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Jeanette Stamps, 2 Eye St., N. W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningitis	2 mos
Antecedent cause(s)	(b) Primary Tuberculosis	2½ mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

004X
14

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 2/25, 1950, that I last saw the deceased alive on 2/25, 1950, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinucane (Degree or title) M.D.
ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED 2/25/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE 2/26/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/26/50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR Malvern Schey Inc. ADDRESS 424-R-St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU OF

01850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland
STREET ADDRESS (If rural, give location) 5019 - Riverdale, Road

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) (Last) Steiner

4. DATE OF DEATH (Month) February (Day) 11, (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH April 27, 1880
9. AGE last birthday 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY NAVY YARD
11. BIRTHPLACE (State or foreign country) FREDERICK, MD
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME HERMAN FRANCIS STEINER
14. MOTHER'S MAIDEN NAME OTHETTO FOUT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY No. 216-16-4759
17. INFORMANT AND ADDRESS MARY L. STEINER (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation.

416x Antecedent cause(s)

90b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis.

(c) Chronic adhesive Pericarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1940, to 2-11, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Hattie Cell 2/14/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE FEB. 14/1950
NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM.
LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REG. 2-11-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS Co - RIVERDALE, MD ADDRESS

32697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01851

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Washington 19 DC

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yr

Hospital, institution, or street address where death occurred: Prince Georges County Alms House

How long in hospital or institution? 7 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Washington 19 DC

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6501 Darcey Road SE

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William J Stephson

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 10th 1869

8. AGE:

Years	Months	Days	If less than one day
81			..... hrs. ..... min.

9. Birthplace Munson, Ohio. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Alms House-Retired.

FATHER

12. Name Oney Stephson

13. Birthplace Ohio.

MOTHER

14. Maiden name Artemussie Marks.

15. Birthplace Kentucky.

16. Informant Alms House

Address Prince Georges Co

17. Removal (Burial, cremation, or removal. Which?) Date thereof 2/15/50 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Ritchie Bros.

Address Upper Marlboro, Md.

19. 2-2 1950 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1950, at 7 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 1950, to Feb 15 1950 and that I last saw him alive on Feb 14 1950

Immediate cause of death Acute Congestive Heart Failure

Due to Cerebral Hemorrhage with Rt Paralysis

Due to General Arteriosclerosis

Other conditions none of note

331

(Include pregnancy within 3 months of death)

83a

Major findings of operations —

Date of op. none

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION
2 days
4 weeks
unknown

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide natural causes Date

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C Van Natta M. D. ~~or other~~

Address Washington 19 DC Date signed Feb 15 1950

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1958
BUREAU T. D.

PL-8/61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01852

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town 4655 Lacey Ave SE (If outside city or town limits, write RURAL and give nearest town)

Washington 20 D.C.

How long in above place of death?

Hospital, institution, or street address where death occurred: 4655 Lacey Ave SE

How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Washington 20 DC (If outside city or town limits, write RURAL and give nearest town)

Suitland Maryland

Street No. 4655 Lacey Ave SE (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Ida Laura Summers

3.(b) Social Security Number —

4. Sex: Fem

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Harry C Summers Deceased

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb 6 1873

8. AGE: Years 76 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: John Valentine Hess

13. Birthplace: Berlin Germany

MOTHER

14. Maiden name: Sarah E. Hess

15. Birthplace: United States (State unknown, DC md or Va?) Died 1899

16. Informant: Bernard Scott

Address: 1631 - 9th St SE Washington DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 8 1950 (month) (day) (year)

Cemetery or crematory: Congressional Cem

Location: Washington DC

18. Funeral director: J. Wm Lee Sons Co

Address: 300 - 4th St NE

19. Feb 5 1950 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5 1950 at 2 05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1949 to Feb 5 1950 and that I last saw her alive on Feb 4 1950

Immediate cause of death: Cerebral Hemorrhage with Rt Side Paralysis — DURATION: 8 days

Due to: General Arteriosclerosis with hypertension unknown

Due to: —

Other conditions: none of note

331X

83a

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul C Van Natta M. D. or other

Address: Washington 19 DC Date signed: Feb 5 1950

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mrs Collins

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01853

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:
County: Prince Georges County
City or town: Fairmont Hts (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs
Hospital, Institution, or street address where death occurred: 703 - 58th Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Fairmont Hts (If outside city or town limits, write RURAL and give nearest town)
Street No. 703 - 58th Ave (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Francis Tippett

3. (b) Social Security Number 577-03-1534

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Geneva Victoria Tippett
6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): March 21, 1893

8. AGE:

Years	Months	Days	If less than one day
57	11	37	hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Grocery Clerk
11. Industry or business

FATHER
12. Name: Clarence D. Tippett
13. Birthplace

MOTHER
14. Maiden name: Patsy Tippett
15. Birthplace

16. Informant: Mrs. Geneva V. Tippett
Address: 703 - 58th Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/16/50 (month) (day) (year)
Cemetery or crematory: Mt Olivet Cemetery
Location: Washington D.C.

18. Funeral director: Barnes & Matthews
Address: 614 - 4½ St S.W. Wash DC.

19. Feb 13 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1950, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1949, to Feb 12 1950 and that I last saw h.i.m. alive on Feb 10 1950

Immediate cause of death	DURATION
Hypertensive Heart Disease	13 yrs
Due to: Essential Hypertension	Not Known
Due to:	
Other conditions: 443 X	
93d	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John W. Rent M.D. M. D. or other
Address: 330 - 61st St NE Date signed: 2/12/50

156161

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01854

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Dale
STREET ADDRESS (If rural, give location) 7851 - Irvington Road

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Underwood
4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 Year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Mar 17 1886	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Underwood
14. MOTHER'S MAIDEN NAME: Catherine Bland Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Robt Filch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Mahoney M.D. Dep. Med. Exam. Beverly Hyattsville Md 2-7-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 10-1950	St. Mary's	Piscataway	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/50	Amanda Downey	Simmons Bros.	2007 Nichols Ave SE Washington, D.C.

VS-A15A

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01855

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Pr. George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Magdalen (Last) Winkle

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7/9/77

9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George A. Boden

14. MOTHER'S MAIDEN NAME Virginia Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS 8651 old 7th Rd SE, Mrs Hilda Edelen Washington 20, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease, phlebothrombosis — many yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Febr. 19th 1950

19b. MAJOR FINDINGS OF OPERATION Infiltration over the r. thigh

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 19 49, to Feb. 25th, 19 50, that I last saw the deceased alive on Feb. 25th, 19 50, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harlo N. Tucker M.D. 501 8th St. N.E.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/1/50 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Piscataway Md.

DATE REC'D BY LOCAL REG. 2-27-50 | REGISTRAR'S SIGNATURE M. L. Mowatt Mrs. Alton Davis

24. FUNERAL DIRECTOR Hunter & Ryon ADDRESS Madison N.J.

RECEIVED
MAR 6 1950
BUREAU N. B.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01856

CERTIFICATE OF DEATH

FILM No. G 124 FEB 17 1950

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6503 Alleghany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 6503 Alleghany

3. NAME OF DECEASED (Type or Print) (First) LOLA (Middle) (NONE) (Last) WALKER

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 29, 1873
9. AGE last birthday 76 ~~73~~ yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer
10b. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter J. Beck
14. MOTHER'S MAIDEN NAME Anna Ripple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Mabel A. Blandon - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1950, to Feb 10, 1950, that I last saw the deceased alive on Feb. 9, 1950, and that death occurred at 3:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles T. Carroll M.D.
ADDRESS Charles T. Carroll, M.D. 6801 - 6th St., N.W., Wash., D.C.
DATE SIGNED 2/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 13, 1950
NAME OF CEMETERY OR CREMATORY St. Mary's Church Cemetery
LOCATION (City, town, or county) Laurel, (State) Md.

DATE REC'D BY LOCAL REG. Feb 10, 1950
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St. NW D.C.

4496 VS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01857

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. — LENGTH OF STAY (in this place) 9 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 5700 Queens Chapel Road

3. NAME OF DECEASED (Type or Print) (First) Matthew (Middle) Norman (Last) Walsh				4. DATE OF DEATH (Month) Feb (Day) 24, (Year) 1950	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8/19/1861	9. AGE last birthday 88 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer - Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bradford England	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Walsh			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Lawrence Walsh Gaithersburg Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) occlusion of Cerebral vessel (2/12/50)	Death 2/23/50
334 Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis + Hypertension	several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17/50, 19....., to 2/24/50, 19....., that I last saw the deceased alive on 2/23/50, 19....., and that death occurred at ~~5700 Qu~~ 40.05 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS 5700 Queen Chapel Road DATE SIGNED John J Sweeney MD 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Burial 2/27/50	NAME OF CEMETERY OR CREMATORY National Capital Park	LOCATION (City, town, or county) Quirkirk Md. (State)
DATE REC'D BY LOCAL REG. Feb 27, 1950	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md.	ADDRESS

346 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01858

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5811- St. Barnabas Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ROSA E. WASNEY

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: Joseph S. Wasney Sr.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 19th 1865

8. AGE: Years 85 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Oxon Hill Maryland
(Town, county, and state)

10. Usual occupation: retired - Veterans Bureau

11. Industry or business: U.S. Gov

FATHER
12. Name: George D. Grimes
13. Birthplace: md

MOTHER
14. Maiden name: Catherine A. Bader
15. Birthplace: md

16. Informant: Miss Katie V. Grimes

Address: 5811 - St Barnabas Rd S.E. Oxon Hill md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 27 - 1950 (month) (day) (year)

Cemetery or crematory: St Barnabas Cemetery

Location: Oxon Hill, Maryland

18. Funeral director: Simmons Bros.

Address: 2007 - Nichols Ave S.E.

19. Feb. 24 1950 (Date rec'd by registrar) Howard J Beall Registrar
Mrs Alton Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-24 1950, at 9 30/a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940 to Feb 24 1950 and that I last saw h. ep alive on Feb 23 1950

Immediate cause of death	DURATION
Arteriosclerotic Cardio vascular disease c	10 years
Due to: Cerebral vascular accident	10 days
Due to:	
Other conditions 422.1	
93d (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: John E. Morris M. D. or other

Address: 1746 K St NW Date signed 2-24-50

X VR 97

VS A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1950
BUREAU